

APPENDIX H1. GROUP 2—BASIC MENU SURVEY

H1.1 - Instructions for Basic Menu Survey and Example Forms

H1.2 - Daily Meal Counts Form_Basic

H1.3 - Reimbursable Foods Form Breakfast_Basic

H1.4 - Reimbursable Foods Form Lunch_Basic

H1.5 - Recipe Form_Basic

H1.6 - Self-Serve and Made-to-Order Form_Basic

H1.7 - Afterschool Snack Form_Basic

H1.8 - Daily Reminder List_Basic

This page has been left blank for double-sided copying.

OMB Clearance Number: 0584-xxxx

Expiration Date: xx/xx/xxxx

School Nutrition and Meal Cost Study

Instructions for the Menu Survey (Basic)



Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 480 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



THIS PAGE LEFT INTENTIONALLY BLANK

INTRODUCTION TO THE MENU SURVEY

Thank you for participating in the **School Nutrition and Meal Cost Study**. Without your help, and the help of school nutrition professionals like you across the country, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods offered and served by your school nutrition program, including foods offered in reimbursable meals, sold a la carte, and in afterschool snacks (if reimbursed through the National School Lunch Program). You will complete the survey forms during a specified time period, referred to as the “target week.” *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be combined with information from many other schools across the country and will be used to examine the food and nutrient content of school meals and snacks.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

Daily Meal Counts Form

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable lunches and breakfasts you served each day of the target week. At the bottom of the form, you will write in your non-reimbursable food sales each day of the week, by venue (if applicable). Additional instructions are provided at the top of the form.

Reimbursable Foods Forms

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes, the number of portions prepared and served, their contributions to the meal pattern food groups, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe.

Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the “Recipes” tab in the Menu Survey Folder. The Recipe Forms are used to provide information for foods prepared from two or more ingredients and certain other reimbursable menu items served during the target week.

Self-Serve/Made-to-Order Bar Form

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) to be used for recording information about “Self-Serve Bars,” such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

A La Carte Foods Checklist

The A La Carte Foods Checklist is a multiple-page form (pink paper) that you will use to identify all foods and beverages sold on an a la carte basis in your school. You only need to fill out this form for ONE DAY during your target week. The day that has been randomly selected to be your “a la carte checklist day” is shown on the front cover of the Menu Survey Folder.

Afterschool Snack Form

If your school provides reimbursable snacks through the National School Lunch Program for one or more afterschool programs, you will fill out the Afterschool Snack Forms (green paper). One form will be completed for each day that afterschool snacks are offered. These forms are similar to but much simpler than the Reimbursable Foods Form.

Daily Reminder List

In each of the Monday through Friday folders we have also included the Daily Reminder List (gold paper). This double-sided card provides tips for getting organized before the target week and a summary of day-to-day activities for the target week. We suggest that you also store or post this list in a convenient location so you can refer to it during the target week.

School Nutrition Manager Survey

We have included a survey that asks about school’s foodservice operations and your experiences implementing the new meals requirements. Please complete the survey during your target week. You can choose to complete it on any day you would like.

The Rest of This Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed “SAMPLE” is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

If You Need Assistance

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call our technical assistance line at 1-xxx-xxx-xxxx. **Thank you for your assistance with this important study!**

THIS PAGE LEFT INTENTIONALLY BLANK

General Guidelines for Completing the Menu Survey

Getting Started

Please read this manual carefully. **Be sure to review the sample completed forms that are provided.** Also, pay special attention to the *Daily Reminder List*. Keep this guide handy during the target week and refer to it as you complete the survey forms.

Off-Site Kitchens

If your school receives prepared meals or any components of reimbursable meals from another school, a central kitchen or commissary, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

Filling Out Forms

- ✓ Use *pencil* on all forms.
- ✓ Write *clearly* and *legibly* (especially when recording numbers).
- ✓ Write the name of your school and the date (if applicable) at the top of each form.
- ✓ Double-check your work and review the Daily Reminder List at the end of each day to be sure you have provided all the necessary information.

At the End of the Week

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. **Remember to also include your completed School Nutrition Manager Survey.** **Return all completed survey materials to Mathematica in the pre-addressed Federal Express envelope provided.**

Instructions for Completing the Reimbursable Foods Forms

Purpose: To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and to provide information on the number of portions of each item prepared and served in reimbursable meals.

Location: The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. **Separate forms are provided for breakfast (yellow) and lunch (white).**

Notes:

- If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form.
- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

How to Complete the *Reimbursable Foods Form*

Reimbursable Meal Counts

On the top right-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in **reimbursable meals** (even if they may not count toward USDA meal pattern requirements).
- All condiments, salad dressings, optional toppings, desserts, and snack items.

DO NOT INCLUDE:

- Foods and beverages that are offered *only* a la carte or *only* to adults.
- Foods and beverages that were planned for a given day, but not actually prepared or served at your school because a substitution was made.

When foods are paired or offered together:

When a condiment/topping, bread/grain item or meat/meat alternate is paired with, or offered ***only*** with another menu item, add a note in Column A to make this clear.

Examples:

- For barbeque sauce that is offered ***only*** with chicken nuggets, add a note...
Barbeque sauce ***w/ chicken nuggets***
- For crackers that are offered ***only*** with a Chef's salad, add a note...
Crackers ***w/ Chef's salad***
- For toast that is offered ***only*** with cereal, add a note...
Toast ***w/ cereal***
- For a cheese stick that is offered ***only*** with a peanut butter sandwich, add a note...
Cheese stick ***w/ peanut butter sandwich***

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.
- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.
- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.
- If foods are offered with optional components or ingredients, use separate lines to list each component and make it clear that the main food and optional components/ingredients go together, as shown below.

Example:

- For a baked potato offered with optional toppings of cheese sauce and/or broccoli, use separate lines for...
Baked potato
Cheese sauce, canned, low-fat
Broccoli, frozen, chopped

Column B: Portion Size

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount**, if not already printed on the form, and the **unit of measure**. For example:

Food Item	Amount	Unit
Broccoli	$\frac{3}{4}$	cup
Chicken patty	2.5	oz.
Tossed salad	$\frac{1}{2}$	cup

You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.
- For foods that are offered self-serve, write “self-serve” as the portion size.
- If your school offers different portion sizes of the same food, for example to students in different age-grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

Example:

If your school serves two age-grade groups (grades 6-8 and 9-12), there may be different portion sizes for canned peaches. You would indicate this by listing the food twice as shown below.

A.	B.
Food Item	Portion Size (Include Units)
Canned peaches	$\frac{1}{2}$ cup
Canned peaches	1 cup

Column C: Number of Portions

Total Portions Prepared

For each menu item, enter the *total number* of portions prepared. Include portions that are prepared for reimbursable meals at your school as well as portions that are prepared to be sent off-site, served a la carte and to adults or others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

Portions Sent Off-Site

If your school prepares food to be served at other schools or facilities, enter the total number of portions for each item that is sent off-site. Include portions sent off-site on the day they are sent – it doesn't matter if they will be served on the same day or another day. If your school does not prepare food to be served at other schools or facilities, you do not need to complete this column.

Reimbursable Portions Served

For each menu item, enter the *number* of reimbursable portions served to students at your school (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in Column C.

Portions Served A La Carte or to Adults/Others

Also for each menu item, enter the number of portions that are served a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are served a la carte or to adults, enter zero in this column.

Portions Left Over for Later Use

At the end of each meal, enter the *number* of portions that were not served on this day, but were leftover and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include leftover portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the *number* of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

Example:

Note that for each of the following menu items, the *number* of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Served a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total *number* of portions prepared (Total Prepared).

A. Food Item	B. Portion Size (Include Units)	C.					
		Number of Portions					
		Total Prepared	Sent Offsite	Onsite			
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted
Orange juice	8 fl oz	140	0	83	15	42	0
Macaroni and cheese	1 cup	160	20	110	14	0	16

Column D: Meal Pattern Contributions

Fill in these columns with the contribution each menu item makes to the USDA meal pattern food groups (“creditable amounts”). This information may be included in your production records; if not, you may need to talk to your SFA director to obtain it. You may be able to find meal pattern contributions in the *Food Buying Guide for Child Nutrition Programs*, *USDA Foods Fact Sheets* or, for commercially prepared foods, on CN labels.

- For each menu item, enter the creditable amount of each meal pattern food group contributed by one portion in cups or oz equivalents. In some cases the meal pattern contribution will be the same as the portion size (recorded in Column B), but this will not be true for all menu items or menu items that contribute to more than one meal pattern food group.
- You do not need to list the meal pattern contribution for milks or other food items where the column is shaded in gray.
- Note that many menu items will contribute to only one meal pattern food group and few, if any, menu items will contribute to all meal pattern food groups.
- If a menu item contributes to more than one meal pattern food group or vegetable subgroup, be sure to enter the amount contributed to all applicable meal pattern food groups in Column D.
- When a menu item contains grains, enter the oz equivalent that it contributes in the “Grains” column. Check the box in the “Whole Grain-Rich” column if the menu item meets the whole grain-rich criteria (listed on page 13 of this document).

Example:

If your school offers a 2 cup portion of a chicken, broccoli and brown rice bowl, you would list the contribution that one portion makes to the applicable meal pattern food groups in Column D: 1/2 cup equivalent of dark green vegetables, 2 oz equivalents of meat/meat alternates, 1.5 oz equivalents of grains; and check the box for whole grain-rich.

A.	B.	C.	D.								
Food Item	Portion Size (Include Units)	Number of Portions	Meal Pattern Contributions								
			Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz eq)	Grains (oz eq)	Whole Grain-Rich
				Dark Green	Red/Orange	Legumes	Starchy	Other			
Chicken, broccoli and brown rice bowl	2 cups	...		1/2					2	1.5	<input checked="" type="checkbox"/>

- Note that some fruits and vegetables do not credit on a volume as served basis (for example, 1 cup of a food item does not always credit as 1 cup). Below are some examples:
 - ✓ Dried fruit: credits as twice the volume as served, so 1/2 cup would credit as 1 cup of fruit
 - ✓ Raw leafy greens: credits as half the volume as served, so 2 cups would credit as 1 cup of vegetable (dark green or other vegetables depending on the type of leafy green)
 - ✓ Tomato paste: refer to manufacturing information or ask your SFA director for crediting information
- We have added shading to Column D to indicate the meal pattern food groups that are not usually applicable to menu items within a given food group section. If you write in a menu item that is not already listed on the form, be sure to enter the contribution amount(s) to the appropriate meal pattern food group(s) in Column D.

For self-serve or made-to-order bars:

- List the meal pattern contribution for “1 serving” from the bar. This information may be included in your production records; if not, you may need to talk to your SFA director to obtain it.

Example:

If you offer a side salad bar, you would enter the amount that one serving contributes to the meal pattern food groups. The side salad bar shown in the example below provides ½ cup equivalent of dark green vegetables, ¼ cup equivalent of red/orange vegetables, and ¼ cup equivalent of other vegetables. The creditable amounts are listed under the appropriate vegetable subgroup columns (in Column D).

A.	B.	C.	D.								
Food Item	Portion Size (Include Units)	Number of Portions	Meal Pattern Contributions								
			Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz eq)	Grains (oz eq)	Whole Grain-Rich
				Dark Green	Red/Orange	Legumes	Starchy	Other			
Side salad bar (non-entrée or small portion)	1 serving	...		1/2	1/4			1/4			

For vegetables offered at breakfast:

- There are currently no requirements for vegetable subgroups at breakfast. However, if your school does offer vegetables as a separate menu item or as part of a combination item at breakfast, be sure to record the meal pattern food group amount in the vegetable column (in Column D).

Example:

If your school offers 1/2 cup of hash browns at breakfast, you would enter 1/2 cup under the vegetables column (in Column D).

A.	B.	C.	D.				
Food Item	Portion Size (Include Units)	Number of Portions	Meal Pattern Contributions				
			Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz eq)	Grains (oz eq)	Whole Grain-Rich
			Hash brown	1/2 cup	...		1/2

Whole Grain-Rich Foods

Whole grain-rich foods must meet at least one of the following criteria:

- Whole grains per serving must be ≥ 8 grams,
- Product includes FDA's whole grain health claim on its packaging, or
- Product ingredient listing lists a whole grain first (HUSSC criteria).

Check the box in the "Whole Grain-Rich" column if the menu item meets the whole grain-rich criteria.

If you are unsure whether a menu item is Whole Grain-Rich, you can...

- Visit the following websites that describe the criteria for determining whether a menu item is whole grain-rich:
<http://www.fns.usda.gov/cnd/governance/Policy-Memos/2012/SP30-2012os.pdf>
http://teanutrition.usda.gov/Resources/jtf_grains.pdf
- Include a package label for the product with your completed forms at the end of the week.

Column E: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column E.
- Please do your best to record whatever manufacturer and/or brand information is available (or at least how the food is described on the package label) for all required foods listed above. **Always** include a product code, if available. The product code is usually located on the label of the box in which commercially prepared food products are delivered. An example is shown below.



- Below are additional examples of manufacturer and brand names, and products codes, for some foods.

Food Item (Column A)	Manufacturer/Brand Name and Product Code (Column E)
Pizza, pepperoni	Schwan's/Tony's 78546
Super Donut	Super Bakery 6001
Pancake-on-a-stick	State Fair 70481

- If your school purchases commercially prepared food products, including ones that are lower in fat or sodium, you may wish to include package labels to tell us more about the products. This will help ensure that the nutrient analysis is accurate and reflects the types of foods used in your school meal program.
- If you decide that you would like to give us package labels, you can put them in the envelope with the completed forms at the end of the week.

Column F: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**100% whole wheat** bread, **rye** bread, **blueberry** muffin, **unbreaded** chicken patty, **low-sodium** green beans)
- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**Strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)

Column G: USDA Food?

For food items in Column A that are donated USDA Foods, place a check mark in the box in Column G.

Column H: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column H. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing Recipe Forms

Purpose: To describe the types and amounts of ingredients used in preparing foods made from scratch or made by combining two or more foods or ingredients.

Location: A booklet of Recipe Forms (grey) is located behind the “Recipes” tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

Notes:

- **A Recipe Form is needed for every item that is prepared from scratch or prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.
- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.
- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section.
- **If the same recipe was prepared more than once during the target week,** you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week.* If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.
- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Recipe Form

Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *"Tuna salad for tuna sandwich."*

Meal

Check the meal or meals in which the recipe/food item was offered.

Day

Check the day or days of the target week on which the recipe/food was offered. Check "all" if the item is offered every day.

Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** (*Examples: 1/4 cup, 8 fluid ounces, 1 sandwich*).

Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving (*Examples: 1 sandwich, 1 Chef's salad*).

Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the **amount** and the **unit of measure** (*Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs*)

Be sure to provide amount information on the form of the ingredient *when it was measured*. For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey, **low-sodium** tomato sauce)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: USDA Food?

For ingredients in Column A that are donated USDA Foods, place a check mark in the box in Column E.

Column F: Recipe?

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

If You Can Provide a Printed Copy of the Recipe...

Be sure to:

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet, and indicate on the Recipe Form the meal and days the recipe was used.
- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

Make sure the recipe includes:

- Yield information: **size of the serving** and **number of servings** prepared.
- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.
- An indication of any ingredients that are USDA Foods, for example, write “USDA” beside the ingredient name.

Instructions for Completing Self-Serve/ Made-to-Order Bar Form

Purpose: To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars, as well as made-to-order bars such as deli bars.

Location: A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the “Self-Serve Bars” tab in the Menu Survey Folder.

Notes:

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar (with all the same foods/ingredients) was offered more than once during the target week**, you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered. If the foods/ingredients offered on the bar differ on other days of the week, a separate form is needed for each day they are different.
- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the *Self-Serve/Made-to-Order Bar Forms*

Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

Meal

Check the meal or meals in which the bar was offered during the target week.

Day

Check the day or days of the target week on which the bar was offered. Check “all” if the bar (with all the same ingredients) is offered every day.

Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and “continued” on a blank Self-Serve/Made-to-Order Bar Forms and list remaining foods/ingredients.

Column B: Portion Size (if pre-portioned)

For pre-portioned items only, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure**. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **low-sodium** green beans, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: USDA Food?

For foods in Column A that are donated USDA Foods, place a check mark in the box in Column E.

Column F: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the A La Carte Foods Checklist

Purpose: To identify foods and beverages your school offers on an a la carte basis at lunch and breakfast.

Location: The A La Carte Foods Checklist (pink paper) is located behind the “A La Carte” tab in the Menu Survey Folder.

Notes:

- Complete the A La Carte Foods Checklist on the one day specified on the front of the Menu Survey Folder. Be sure to complete the checklist even if your school does not offer items on an a la carte basis, or if you sell only milk.
- **Be sure to look at the sample completed A La Carte Foods Checklist that is provided.**

How to Complete the A La Carte Foods Checklist

1. Write the name of your school and the date on the first page of the form.
2. Answer Question 1. If your school does not offer any foods or beverages on an a la carte basis, check “No.” You are done. If you check “Yes,” please answer Questions 2 through 4 and go on to the next page.
3. Place a check mark in the box next to each food and beverage that was available for a la carte purchase on the specified day. This includes items that are sold only a la carte as well as components of a reimbursable meal that may be purchased a la carte. There are separate check boxes for lunch and breakfast.
4. Do not include foods and beverages sold in vending machines, snack bars, school stores, or food carts.
5. If a food or beverage is usually or sometimes available a la carte, but was not available on the specified day, *do not* check the box.
6. If your school had a la carte foods or beverages available on your specified day that are not included in the checklist, please write in the names of these foods and beverages under the appropriate category. Extra lines are available on the last page of the checklist, if necessary. Be sure to indicate whether each food or beverage was offered at breakfast and/or lunch.

Instructions for Completing the Afterschool Snack Form

Purpose: To describe the foods and beverages offered in NSLP afterschool snacks during the target week, and to provide information on the number of individual snack items served and the total number of reimbursable snacks served to students.

Location: A booklet of Afterschool Snack Forms (green paper) is behind the “Afterschool Snacks” tab in the Menu Survey Folder.

Notes:

- If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do **NOT** include these fruits and vegetables on the Afterschool Snack Form.
- **Be sure to look at the sample completed Afterschool Snack Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Afterschool Snack Form

On the front page of this booklet answer question 1 and indicate the days during the target week that afterschool snacks were offered. **Complete one Afterschool Snack Form for each day snacks were offered.**

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion size, number of reimbursable portions prepared/available and served, and food description so that an accurate nutrient analysis can be done. **Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.**

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks Served

At the top of the form record the total number of reimbursable snacks *served* to students that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable snacks each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your snacks each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in reimbursable snacks (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.
- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in appropriate food group sections. Blank lines are provided at the end of each section for your entries.

Column B: Portion Size

For each item offered in reimbursable afterschool snacks, write the size of one individual serving, as offered to students. If the snack item is pre-packaged, list the actual package size or weight, not “1 package.”

- Include both the **amount** and the **unit** of measure:

Food Item	Amount	Unit
Banana, fresh	1	Medium
Orange juice	6	fl. oz
Granola bar	1	oz.

- If a food or beverage is offered in more than one portion size (for different age-grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

A.	B.	C.	
		Number of Reimbursable Portions	
Food Item	Portion Size (Include Units)	Prepared/ Available	Served
Orange juice	6 fl.oz	50	25
Orange juice	8 fl.oz	50	50

Column C: Number of Reimbursable Portions

Number of Reimbursable Portions Prepared/Available

For each snack item offered, write in the number of reimbursable portions **prepared/available**. The number of reimbursable portions prepared should reflect the actual number of servings available for students to select as part of a reimbursable snack.

Number of Reimbursable Portions Served

Also for each snack item, enter the number of reimbursable portions or individual items **served** to (or selected by) students as part of a reimbursable snack, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column.

You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the Afterschool Snack Form and ask them to complete this column.

Column D: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ Type (**1%** or **2%** milk; **white** or **whole wheat** bread; **100%** apple juice)
- ✓ Form (**fresh** carrots, **canned** pineapple)
- ✓ Flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ Fat or sugar content (**low-fat** yogurt, **reduced-fat** cookies; **reduced-sugar** jelly, pears in **light syrup**)

Daily Meal Counts Form (Basic)

School Name: _____

Date: _____

Instructions:

1. In the boxes for the **Number of Reimbursable Lunches Served** and **Number of Reimbursable Breakfasts Served**, please record the **number of free, reduced-price, and full-price reimbursable meals served** in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.
2. Check if the number of reimbursable meals was much higher or lower than usual. If so, describe the reasons for this difference in the space provided.
3. At the bottom of the page, please record the total value of your non-reimbursable food sales by venue (including all student, adult, and other sales in venues supplied by foodservice only) for each day of the target week. If you do not keep venue-specific records, you may simply enter the total sales into the last column.

Number of Reimbursable Lunches Served

	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Number of Reimbursable Breakfasts Served

	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Total Non-Reimbursable Food Sales in Venues Supplied or Stocked by Foodservice

	Serving Line (A la Carte)	Snack Bar	Vending Machine	Food Cart	School Store	Other: _____	Total
Monday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tuesday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Wednesday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Thursday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Friday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



OMB Control # 0584-XXXX
Expiration Date: XX/XX/20XX

SCHOOL NUTRITION AND MEAL COST STUDY

REIMBURSABLE FOODS FORM: BREAKFAST

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ Date: _____

Reimbursable Meal Counts	
How many reimbursable student breakfasts did you <i>plan to serve</i> at your school this day?	
How many reimbursable student breakfasts <i>did you serve</i> at your school this day?	

Day: Mon Tue Wed Thu Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions					E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz. eq.)	Grains (oz. eq.)	Whole Grain-Rich				
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted									
MILK																
White, fat-free/skim	fl oz.															
White, 1%	fl oz.															
White, 2%	fl oz.															
White, whole	fl oz.															
Chocolate, fat-free/skim	fl oz.															
Chocolate, 1%	fl oz.															
Chocolate, 2%	fl oz.															
Other flavor Specify: _____	fl oz.													<input type="checkbox"/> Fat-free/skim	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%
Other flavor Specify: _____	fl oz.													<input type="checkbox"/> Fat-free/skim	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%
Other flavor Specify: _____	fl oz.													<input type="checkbox"/> Fat-free/skim	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%
	fl oz.														<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.														<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.														<input type="checkbox"/>	<input type="checkbox"/>



REIMBURSABLE FOODS FORM: BREAKFAST

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions					E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?	
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz. eq.)	Grains (oz. eq.)	Whole Grain-Rich					
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted										
FRUIT (Note: Priced entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.)																	
Apple, fresh																	<input type="checkbox"/>
Applesauce, canned	cup																<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Apricots, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Banana, fresh																	<input type="checkbox"/>
Fruit cocktail, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Grapes, fresh	cup																<input type="checkbox"/>
Orange, fresh																	<input type="checkbox"/>
Peaches, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Pears, fresh																	<input type="checkbox"/>
Pears, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Pineapple, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Raisins	oz.																<input type="checkbox"/>
																	<input type="checkbox"/>
																	<input type="checkbox"/>
																	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions					E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?	
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz. eq.)	Grains (oz. eq.)	Whole Grain-Rich					
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted										
JUICES (Note: Priced entries should be used only for full-strength (100%) fruit and vegetable juice. List fruit drinks in the 'Other Menu Items' section.)																	
Apple juice	fl oz.														<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.														<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.														<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>	
	fl oz.												<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
BREADS AND GRAINS Please note in Column A if any items in this section were offered only with another bread or grain or with a particular meat/meat alternate or combination item (for example, Toast w/ cereal, or Biscuit w/ sausage).																	
COLD CEREALS																	
Apple Jacks	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Cheerios, plain	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Cheerios, Honey Nut	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Cinnamon Toast Crunch	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Cocoa Krispies	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Cocoa Puffs	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Froot Loops	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Frosted Flakes	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Frosted Mini Wheats	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Golden Grahams	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Kix	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Lucky Charms	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Raisin Bran	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Rice Krispies	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Special K	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
Trix	oz.												<input type="checkbox"/>			<input type="checkbox"/>	
													<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
													<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions					E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?	
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz. eq.)	Grains (oz. eq.)	Whole Grain-Rich					
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted										
HOT CEREALS (Note: If prepared with fat and/or milk, complete a RECIPE FORM)																	
Cream of Wheat	cup														<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
Grits	cup														<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
Oatmeal	cup														<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
OTHER BREADS AND GRAINS OFFERED SEPARATELY																	
Bagel	oz.														Specify type: _____	<input type="checkbox"/>	
Biscuit	oz.															<input type="checkbox"/>	<input type="checkbox"/>
Danish or turnover	oz.														<input type="checkbox"/> Fruit <input type="checkbox"/> Cheese	<input type="checkbox"/>	
Doughnut	oz.														<input type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze	<input type="checkbox"/>	
English muffin, plain	oz.															<input type="checkbox"/>	
English muffin, buttered	oz.														<input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Granola/cereal bar	oz.														Specify type: _____	<input type="checkbox"/>	
Muffin	oz.														Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Pancake	oz.															<input type="checkbox"/>	<input type="checkbox"/>
Roll, cinnamon	oz.														<input type="checkbox"/> Icing <input type="checkbox"/> No Icing	<input type="checkbox"/>	<input type="checkbox"/>
Toast, plain	oz.														Specify type: _____	<input type="checkbox"/>	
Toast, buttered	oz.														Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Toaster pastry	oz.														<input type="checkbox"/> Low-fat	<input type="checkbox"/>	
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions					E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz. eq.)	Grains (oz. eq.)	Whole Grain-Rich						
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted											
MEATS AND MEAT ALTERNATES OFFERED SEPARATELY																		
Bacon	sl														<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Eggs	cup														<input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled <input type="checkbox"/> Fried	<input type="checkbox"/>	<input type="checkbox"/>	
Ham	oz.														<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Peanut butter	oz.														<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>		
Sausage	oz.														<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Yogurt	oz.														<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>		
																<input type="checkbox"/>	<input type="checkbox"/>	
																<input type="checkbox"/>	<input type="checkbox"/>	
COMBINATION ITEMS																		
Breakfast burrito	oz.														<input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Egg sandwich	1 sandwich														<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Egg sandwich	1 sandwich														<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
French toast																	<input type="checkbox"/>	<input type="checkbox"/>
French toast sticks	ea.														Weight of each stick: _____ oz.	<input type="checkbox"/>		
Grilled cheese	1 sandwich														<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>	
Pancake on a stick	oz.														<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Pizza	oz.														<input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
																<input type="checkbox"/>	<input type="checkbox"/>	
																<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions					E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?	
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz. eq.)	Grains (oz. eq.)	Whole Grain-Rich					
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted										
CONDIMENTS																	
Self-serve condiments or fixins' bar	1 serving													Please list all ingredients on SELF-SERVE/ MADE-TO-ORDER BAR FORM		<input type="checkbox"/>	<input type="checkbox"/>
Butter																<input type="checkbox"/>	
Cream cheese															<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Gravy															<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey																<input type="checkbox"/>	
Jelly															<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Ketchup																<input type="checkbox"/>	
Margarine																<input type="checkbox"/>	
Salsa															<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
Syrup															<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions					E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?	
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)	Meat/Meat Alternates (oz. eq.)	Grains (oz. eq.)	Whole Grain-Rich					
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted										
OTHER MENU ITEMS																	
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
												<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>



OMB Control # 0584-XXXX
Expiration Date: XX/XX/20XX

SCHOOL NUTRITION AND MEAL COST STUDY

REIMBURSABLE FOODS FORM: LUNCH

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ Date: _____

Reimbursable Meal Counts	
How many reimbursable student lunches did you <i>plan to serve</i> at your school this day?	
How many reimbursable student lunches <i>did you serve</i> at your school this day?	

Day: Mon Tue Wed Thu Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
MILK																				
White, fat-free/skim	fl oz.																			
White, 1%	fl oz.																			
White, 2%	fl oz.																			
White, whole	fl oz.																			
Chocolate, fat-free/skim	fl oz.																			
Chocolate, 1%	fl oz.																			
Chocolate, 2%	fl oz.																			
Other flavor Specify: _____	fl oz.																	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.																	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.																	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.																	<input type="checkbox"/>		
	fl oz.																	<input type="checkbox"/>		
	fl oz.																	<input type="checkbox"/>		



REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.)																				
Apple, fresh																	<input type="checkbox"/>			
Applesauce, canned	cup																<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Apricots, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Banana, fresh																		<input type="checkbox"/>		
Fruit cocktail, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Grapes, fresh	cup																	<input type="checkbox"/>		
Orange, fresh																		<input type="checkbox"/>		
Peaches, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pears, fresh																		<input type="checkbox"/>		
Pears, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pineapple, canned	cup																<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Raisins	oz.																	<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
JUICES (Note: Prelisted entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)																				
Apple juice	fl oz.																<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Grape juice	fl oz.																<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Orange juice	fl oz.																<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Frozen juice cup/bar	fl oz.																Specify flavor: _____	<input type="checkbox"/>		
	fl oz.																	<input type="checkbox"/>		
	fl oz.																	<input type="checkbox"/>		
VEGETABLES (Note: If beans or peas are being counted as a meat alternate, enter them in the "Other Entrees and Meat/Meat Alternates" section.)																				
Baked beans	cup																<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork	<input type="checkbox"/>		
Beans, green	cup																<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>		
Broccoli, cooked	cup																<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>		
Broccoli, raw	cup																If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>		
Carrots, cooked	cup																<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>		
Carrots, raw	cup																If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>		
Celery, raw	cup																If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>		
Corn, kernels	cup																<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>		
Cucumber, raw	cup																If offered, list dip as separate item(s) or complete RECIPE FORM	<input type="checkbox"/>		

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
French fries	cup															<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>			
Lettuce and tomato	cup																	<input type="checkbox"/>		
Mixed vegetables	cup																<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Peas, green	cup																<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>		
Potatoes, whipped or mashed	cup																<input type="checkbox"/> From fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Refried beans	cup																<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potatoes	cup																<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potato fries or tots	cup																<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Side salad bar (non-entrée or small portion)	1 serving																Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		<input type="checkbox"/>	
Salad, tossed	cup																List dressing as separate item(s)		<input type="checkbox"/>	<input type="checkbox"/>
Tater tots or shapes	cup																<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
SANDWICHES																				
Cheeseburger	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Chicken filet or breast (not breaded)	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Chicken patty (breaded)	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Fish sandwich	1 sandwich														<input type="checkbox"/>		<input type="checkbox"/> Breaded	<input type="checkbox"/>	<input type="checkbox"/>	
Grilled cheese	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Ham and cheese	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Hamburger	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Hot dog	1 sandwich														<input type="checkbox"/>		<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>	
Italian sub	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Peanut butter & jelly	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Rib, barbeque	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Sloppy joe	1 sandwich														<input type="checkbox"/>		<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>	
Turkey	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tuna salad	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Veggie burger	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich														<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
ENTRÉE SALADS (Note: List all dressings as separate items)																				
Chef's salad	1 salad																			
Chicken Caesar salad	1 salad																			
	1 salad																			
	1 salad																			
	1 salad																			
	1 salad																			
	1 salad																			
	1 salad																			
	1 salad																			
	1 salad																			
SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS																				
Entrée salad bar	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
Potato bar	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
Nacho/taco bar	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
Sandwich/deli bar	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving																	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
OTHER ENTREES AND MEAT/MEAT ALTERNATES Please note in Column A if any items in this section were offered only with a particular entrée or meat/meat alternate (for example, Cheese with peanut butter sandwich, or Yogurt with grilled cheese sandwich).																				
Beans or peas (Specify type) _____	cup																<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Burrito	oz.																<input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>	
Cheese (string cheese or cubes)	oz.																<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>		
Cheese breadstick or pizza stick	oz.																<input type="checkbox"/> Reduced-fat Specify fillings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.																<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz.	<input type="checkbox"/>		
Chicken strips (not breaded)	oz.																	<input type="checkbox"/>		
Chicken patty (not sandwich)	oz.																<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Chicken piece(s) (Specify part) _____																	<input type="checkbox"/> Breaded <input type="checkbox"/> With skin <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>	
Corndog	oz.																<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Fish sticks or nuggets	ea.																<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Breaded Weight of each nugget/stick: _____ oz.	<input type="checkbox"/>		
Macaroni and cheese	cup																	<input type="checkbox"/>	<input type="checkbox"/>	
Nachos	oz.																	<input type="checkbox"/>	<input type="checkbox"/>	
Peanut butter	oz.																<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>		
Pizza, cheese	oz.																<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza, pepperoni	oz.																<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza, sausage	oz.																<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza, vegetarian	oz.																<input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
Pizza pocket	oz.														<input type="checkbox"/> Reduced-fat Specify filling: _____	<input type="checkbox"/>				
Stir fry with rice or noodles	cup																<input type="checkbox"/>	<input type="checkbox"/>		
Spaghetti with sauce	cup														<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input type="checkbox"/>			
Taco															<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>			
Yogurt	oz.														<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>				
																	<input type="checkbox"/>	<input type="checkbox"/>		
																	<input type="checkbox"/>	<input type="checkbox"/>		
<p>BREADS AND GRAINS OFFERED SEPARATELY Please note in Column A if any items in this section were offered only with a particular entrée or meat/meat alternate (for example, Crackers w/ <i>Chef's salad</i> or Roll w/ <i>chicken nuggets</i>). If all breads and grains were available with any entrée or meat/meat alternate, check here <input type="checkbox"/>.</p>																				
Biscuit	oz.														<input type="checkbox"/>	<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>		
Bread, plain	oz.														<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>			
Bread, buttered	oz.														<input type="checkbox"/>	Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>		
Breadstick	oz.														<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Cornbread	oz.														<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Corn/tortilla chips	oz.														<input type="checkbox"/>		<input type="checkbox"/>			
Crackers	ea.														<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>			
Rice	cup														<input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild	<input type="checkbox"/>	<input type="checkbox"/>		
Roll	oz.														<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Pasta	cup														<input type="checkbox"/>		<input type="checkbox"/>			
Pretzels	oz.														<input type="checkbox"/>	<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>			
															<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
															<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
															<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL																				
Brownie															<input type="checkbox"/>	<input type="checkbox"/> Icing	<input type="checkbox"/>	<input type="checkbox"/>		
Cake															<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Cookie	oz.														<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Fruit crisp or cobbler															<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Fruit drink (less than 100% juice)	fl oz.														<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Fruit turnover	oz.														<input type="checkbox"/>	Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>		
Gelatin	cup														<input type="checkbox"/>	<input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping	<input type="checkbox"/>	<input type="checkbox"/>		
Potato chips	oz.														<input type="checkbox"/>	<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked	<input type="checkbox"/>	<input type="checkbox"/>		
															<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
															<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
SALAD DRESSINGS																				
Caesar dressing																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		
French dressing																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		
Honey mustard dressing																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		
Italian dressing																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		
Ranch dressing																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		
																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		
																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		
																<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>		

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions							E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?		
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)					Grains (oz. eq.)	Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
CONDIMENTS																				
Self-serve condiments or fixins' bar	1 serving																Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Barbeque sauce																		<input type="checkbox"/>		
Butter																		<input type="checkbox"/>		
Cream cheese																		<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Gravy																		<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey																		<input type="checkbox"/>		
Hot sauce																		<input type="checkbox"/>		
Jalapeno peppers																		<input type="checkbox"/>		
Jelly																		<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Ketchup																		<input type="checkbox"/>		
Margarine																		<input type="checkbox"/>		
Mayonnaise																		<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Mustard																		<input type="checkbox"/>		
Pickles, slices																		<input type="checkbox"/>		
Ranch dip																		<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Relish																		<input type="checkbox"/>		
Salsa																		<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream																		<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Syrup																		<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Tartar sauce																		<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Meal Pattern Contributions								E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Food?	H. Recipe?	
		Total Prepared	Sent Off-Site	Onsite				Fruit (cups)	Vegetables (cups)					Meat/Meat Alternates (oz. Eq.)	Grains (oz. eq.)					Whole Grain-Rich
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted		Dark Green	Red/Orange	Legumes	Starchy	Others							
OTHER MENU ITEMS																				
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	
																		<input type="checkbox"/>	<input type="checkbox"/>	

OMB Clearance Number: 0584-xxxx
 Expiration Date: xx/xx/xxxx



Recipe Form (Basic)

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: _____ Recipe/Food Name: _____
 Meal: 1 Breakfast 2 Lunch
 Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri 6 All
 Size of One Serving (include units): _____
 Number of Servings Prepared: _____

A.	B.	C.	D.	E.	F.
Ingredient Name	Amount in Recipe (Include units)	Manufacturer/ Brand Name and Product Code (If applicable)	Ingredient Description	USDA Food?	Recipe?
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

OMB Clearance Number: 0584-xxxx

Expiration Date: xx/xx/xxxx



SCHOOL NUTRITION AND MEAL COST STUDY

Afterschool Snack Form Booklet

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that afterschool snacks were offered during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday



THIS PAGE LEFT INTENTIONALLY BLANK

OMB Clearance Number:

Expiration Date:



Afterschool Snack Form (Basic)

Day: Mon Tue Wed Thu Fri

Number of Reimbursable Snacks Served: _____

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
Milk				
White	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Chocolate	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Other flavor, Specify: _____	fl oz.			<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%
Fruit				
Apple, fresh				
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Banana, fresh				
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Orange, fresh				
Raisins	oz.			
Juices				
Apple juice	cup			<input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added
Orange juice	cup			<input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added
Grape juice	cup			<input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)				
Carrots, raw	cup			
Celery, raw	cup			
Combination Items				
Peanut butter & jelly sandwich				<input type="checkbox"/> Whole grain-rich
Pizza	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____
Sandwich				<input type="checkbox"/> Whole grain-rich Specify ingredients: _____

A.	B.	C.		D.
Food Item	Portion Size (Incl. Units)	Number of Reimbursable Portions		Food Description
		Prepared/ Available	Served	
Meat and Meat Alternates				
Cheese	oz.			<input type="checkbox"/> Reduced-fat Specify type: _____
Trail mix	oz.			Specify ingredients: _____
Yogurt	oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____
Breads and Grains				
Bagel	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cereal	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Cookie	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Crackers	ea.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Granola bar	oz.			<input type="checkbox"/> Whole grain-rich Specify type: _____
Pretzels	oz.			<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
				<input type="checkbox"/> Whole grain-rich
Desserts and Other Items				
Fruit snacks/fruit leather				
Pudding				Specify flavor(s): _____
Condiments				
Ranch dip				<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free
Ketchup				

DAILY REMINDER LIST (Basic)

Before the Target Week:

- Read the *Instructions for the Menu Survey* booklet carefully and be sure to review all of the sample completed forms.
- A technical assistant will contact you to ensure you have received your Menu Survey Folder, to review the survey process and the forms to be completed, and to answer any questions you may have.
- Call the toll-free technical assistance line (xxx-xxx-xxxx) if you have any questions or need additional help.

Each Day of the Target Week:

- **Daily Meal Counts Form**

Record the number of free, reduced-price, and full-price meals served for lunch and for breakfast (if you serve breakfast), and record total daily non-reimbursable food sales by venue (for example, foods or beverages sold a la carte from a serving line, vending machine, or snack bar).

- **Reimbursable Foods Forms**

Record the total number of reimbursable meals planned and served for the day.

For every food and beverage offered in reimbursable meals, write in:

- ✓ Food name, if not included in pre-listed foods
- ✓ Portion size
- ✓ Total portions prepared
- ✓ Number of portions sent off-site (if applicable)
- ✓ Number of reimbursable portions served
- ✓ Number of portions served a la carte or to adults
- ✓ Number of portions leftover for later use
- ✓ Number of portions wasted
- ✓ Meal pattern contributions for all foods except milk
- ✓ Manufacturer/brand name and product code, where requested
- ✓ Descriptive information needed for nutrient analysis
- ✓ A check, if item is a USDA Food

✓ A check, as needed, to indicate that a recipe has been provided.

- **Recipe Forms**

Fill out a Recipe Form for every food that is prepared from scratch or made by combining two or more foods or ingredients. You may also provide printed copies of the recipes, if available.

- **Self-Serve/Made to Order Bar Forms**

Fill out a Self-Serve/Made to Order Bar Form for each type of self-serve bar or made-to-order bar offered. Be sure to record the number of reimbursable portions prepared and taken from each bar on the Reimbursable Foods Form.

- **Afterschool Snack Forms**

Fill out the Afterschool Snack Forms if your school offers reimbursable snacks through the National School Lunch Program.

On One Day During the Target Week:

- **A La Carte Foods Checklist**

Complete the A La Carte Foods Checklist on the **one** day of the target week specified on the front of the Menu Survey Folder.

- **School Nutrition Manager Survey**

Complete this survey before the end of the week.

At the End of the Target Week:

- Look over the contents of each folder for the five days of the *Menu Survey* to be sure all forms are complete.
- Check to be sure the Daily Meal Counts Form is complete and all of the necessary Recipe Forms and Self-Serve/Made-to-Order Bar Forms have been provided.
- Make sure you have completed the A La Carte Foods Checklist and the School Nutrition Manager Survey. If your school offers reimbursable snacks, be sure the Afterschool Snacks Forms are complete.
- Place all completed forms in the empty plastic envelope and return them to Mathematica in the pre-addressed Federal Express envelope provided.